

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Michael W. Kennedy dba MKI Airconditioning and Refrigeration	COURT CASE NUMBER
DEFENDANT	Rosalina T. Gabutin	TYPE OF PROCESS
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
AT	Rosalina T. Gabutin ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) c/o Guam Detention Facility, Department of Corrections, Guam	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285
<input checked="" type="checkbox"/> Mark K. Williams, Esq. Smith & Williams PO Box 5133 CHRB Saipan MP96950 Tel 670-233-3334		7
		Number of parties to be served in this case
		1
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Clerical Addresses, All Telephone Numbers, and Estimated Times Available For Service):

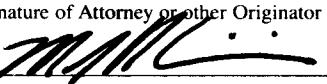
Fold _____

Fold _____

FILED

JAN 13 2006

For The Northern Mariana Islands
 By _____
 (Deputy Clerk)

Signature of Attorney or other Originator requesting service on behalf of:		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
		<input type="checkbox"/> DEFENDANT	670-233-3334	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	7	No. 05	No. 93		8/11/04

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service	Time	am <input type="checkbox"/> pm <input checked="" type="checkbox"/>
	8/11/04	1:00	pm
	Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$45.00 each	\$4.50	0	\$319.50	\$315.00	\$4.50	0

REMARKS:

1 DUSM, 12 miles x .315 = \$ 4.50

service fee \$45.00 x 7 = \$315.00

TOTAL = \$319.50